**State Performance Plan / Annual Performance Report: Part C**

**for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act**

**For reporting on   
FFY 2020**

**New Mexico**

U.S. Department of Education seal

**PART C DUE   
February 1, 2022**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State’s systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State’s General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

## Intro - Indicator Data

**Executive Summary**

The New Mexico Early Childhood Education and Care Act was signed into law in March 2019 by Governor Michelle Lujan Grisham. See NMSA 1978, § 9-29-1, et seq. (2019). This statute created the Early Childhood Education and Care Department (ECECD) in July 2020 by bringing together various programs and agencies that previously resided within other agencies of government. The FIT Program, previously part of the New Mexico Department of Health, is one of the programs that transitioned to the new Department. ECECD is committed to create a cohesive, equitable, and responsive prenatal to five early childhood system that supports families, strengthens communities, and enhances child health, development, education, and wellbeing. The vision of the department is that all New Mexican families and young children are thriving. ECECD’s mission is to optimize the health, development, education, and well-being of babies, toddlers, and preschoolers through a family driven, equitable, community-based system of high quality prenatal and early childhood programs and services. ECECD seeks to provide quality care and education to infants and young children, believing that early intervention, care, and monitoring are New Mexico’s best tools to address systemic issues such as juvenile justice, social and economic inequality, and generational poverty. The New Mexico Early Childhood Education and Care Department - Family Infant Toddler (FIT) Program is the lead agency for the Individuals with Disabilities Education Act (IDEA) Part C. The FIT Program consists of 33 provider agencies statewide and includes the New Mexico School for the Blind and Visually Impaired and the New Mexico School for the Deaf. During FFY20, the Early Childhood Education and Care Department (ECECD) issued Provider Agreements with each of the provider agencies that clearly states the scope of work required by the IDEA Part C, including child find and public awareness activities.

Additional information related to data collection and reporting

FIT-KIDS (Key Information Data System) is the online data and billing system for the FIT Program. Agencies that provide early intervention and service coordination services to infants and toddlers and families within the Family Infant Toddler (FIT) Programs enter data on the services provided into FIT-KIDS. Data entered includes: referrals, multi-domain assessments with age equivalence, child eligibility category and date, medical diagnosis; Individual Family Service Plans (IFSPs) including procedural safeguard dates, monthly fee information, IFSP outcomes and goals, family CPR, and IFSP amendment information; service delivery information including service category, service provider, frequency, duration, intensity, setting, and service mileage, reviews (annual, 6 month, and on-going reviews), child visits (services provided, individual providing the service, and the setting). FIT providers may run individual reports for their agency to review data points throughout the year. In addition, reports are run at the state level to review compliance and create reports to the public. State level reports are run monthly, quarterly, annually to review compliance and create reports to the public.

**General Supervision System**

**The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.**

The New Mexico FIT Program General Supervision Manual outlines the multiple and interrelated ways the FIT Program monitors for compliance and corrects non-compliance and includes a sanctions matrix. The General Supervision Manual is on file with OSEP and can be found online at https://www.nmececd.org/early-childhood-professionals/fit-program/.   
   
Policies and Procedures   
The FIT Program complies with and enforces state and federal regulations, and Medicaid rules.-FIT entered into memorandum of understanding agreements (MOUs) with related early childhood state agencies and partner organizations. FIT has established MOUs with: The New Mexico Public Education Department, The New Mexico School for the Deaf, and The UNM Early Childhood Evaluation Program. The FIT Program Service Definitions and Standards, clarify, and operationalize requirements. In addition, the New Mexico Register/Volume XXIII, Number 12, NMAC 8.9.8, updated July 2021, provides more specific state rules and regulations for compliance. All provider agencies are required to comply with both the Service Definitions and Standards and NMAC 8.9.8.   
   
Quality and Compliance   
Local Annual Performance Report (APR): Data is collected in a variety of methods to ensure improved compliance. In FY20, local providers began submitting quarterly performance reports based on the federal annual compliance indicators. Data collected is submitted for review to the FIT program and when necessary additional information is requested to verify data submitted. Data is collected in the following ways to ensure ongoing compliance for performance and compliance indicators. Every provider agency completes an annual APR which addresses Indicator 1, 2, 3, 4, 5, 6, 7, 8. In addition, providers submit narrative reports explaining any reasons for non-compliance and proposed plans of correction. Data for the Local Provider APR requires each agency analyze and correct their data, set annual targets, and describe improvement activities (with timelines and resources). Data is collected through a combination of agency self-audits, the FIT Program's statewide database FIT-KIDS (Key Information Data System), and surveys.   
  
Monitoring   
While monitoring activities are routinely done informally and/or through desk audits, the FIT Program General Supervision Manual discusses in detail the two formal methods of onsite monitoring, Community Based Assessments (CBAs) and Focused Reviews. Each provider is assigned a Regional Coordinator who is responsible for compliance oversight, compliance support, and provides technical assistance as needed. FIT cites all areas of non-compliance and develops a plan of correction with specific needs and timelines to meet. The FIT Provider Agreement cites NMAC 8.9.8 and the New Mexico State Standards and Definitions; all of which are requirements for compliance with IDEA Part C.   
  
Community Based Assessment (CBA). All FIT provider agencies receive a CBA on a three-year cycle to ensure compliance with all policies, current service definitions, standards and to: 1) Determine validity of data entered into the electronic FIT-KIDS database; 2) verify the methodology used to audit child records for the local Annual Performance Report and validate the results reported; 3) audit billing and documentation; 4) conduct a review of child records to determine compliance with IDEA Part C related requirements; and, 5) validate MOU's and staff credentials. FIT presents a review of all findings to the provider agency, and the FIT Program General Supervision Manual outlines the timelines for reports, plans of correction, etc. In addition, the New Mexico FIT Program has a CBA Manual that outlines the process and protocols.   
   
Focused Review: FIT selects providers to receive a focused review based on poor performance reviews, such as low ranking in the priority indicators (1,7,8), and public complaints/filed grievances. The purpose of this review is to determine the root cause of the non-compliance and develop a directed plan of correction. The team reviews child records, agency policies, and quality assurance procedures. FIT conducts interviews with staff, parents, and community partners. FIT writes a Directed Plan of Correction, reviews it with the provider agency, and conducts follow-up visits with the agency to ensure that corrective action is being taken and that compliance is reached in the designated timelines. In addition, the New Mexico FIT Program has a Focused Review Manual that outlines the process, timelines, and protocols.   
   
Improvement, Corrections, Incentives and Sanctions   
The FIT Program utilizes an online data and billing system, FIT-KIDS, which collects all data related to APR and contains numerous report options for data. These reports support the provider agencies to anticipate timelines and plan accordingly. The FIT Program runs regular reports for APR indicators along with other data reports to determine compliance and for other management and planning purposes. If a finding of noncompliance is issued, the FIT staff assure that the program corrects the noncompliance within one year, both at the systems level and the individual child level consistent with the OSEP Memo 09-02. FIT-KIDS ensures that billing only occurs for qualified children and that services are included on the Individualized Family Service Plan (IFSP) along with other requirements that are programmed into the application. Provider fiscal audits are conducted as part of the CBA and may be conducted by the ECECD or Medicaid based on a complaint or referral for a more detailed audit if needed.   
   
Self-Analysis and Plans of Correction   
FIT requires provider agencies performing less than 100 percent on any APR compliance indicator (and agencies that are unable to demonstrate correction of noncompliance prior to a finding being issued) to conduct a self-analysis and correct noncompliance within one year of the date of the finding. FIT creates plans of correction, monitors the plans, and tracks performance frequently throughout the fiscal year. FIT requires all provider agencies performing less than 100 percent to submit subsequently collected data showing progress towards 100 percent compliance (Prong 1). For all individual instances of noncompliance (Prong 2), the FIT Program verifies that each child received the service on the site delivery verified through FIT-KIDS and during the onsite monitoring.   
   
Directed Technical Assistance   
FIT requires agencies performing below 95 percent compliance on a compliance indicator, and have been issued a finding because of inability to demonstrate corrected noncompliance, to receive additional technical assistance through the UNM–ECLN and FIT Program staff at the state level. Continued noncompliance may result in sanctions in accordance with the sanctions matrix in the General Supervision Manual, including termination of their Provider Agreement.   
   
Effective Dispute Resolution   
The FIT Program requires that all contracted providers give families a copy of their rights, procedural safeguards, inform families of their options for dispute resolution, and have a system in place to provide for complaint investigations, mediations, and due process hearings. FIT provides families a Procedural Safeguards document and the “Family Handbook: A Guide to Early Intervention in New Mexico,” developed in collaboration with the Parents Reaching Out (PRO) program, New Mexico's Parent Training and Information Center. PRO developed numerous documents to help parents understand their rights. In addition, FIT charges the Family Service Coordinator with ensuring that families know their rights and assists families with the dispute resolution process. The Part C Coordinator monitors all concerns, grievances, and follows up in accordance with the law. The Part C Coordinator has received technical assistance from our National Center for Systemic Improvement (NCSI) TA consultant regarding how to handle any disputes.

**Technical Assistance System:**

**The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.**

The FIT Program contracts with the University of New Mexico (an Association of University Centers on Disabilities, AUCD, University Center for Excellence) – Center for Development and Disabilities Early Childhood Learning Network (UNM CDD ECLN) to provide training and technical assistance to community provider agencies statewide. FIT assigns each provider agency a consultant who works closely with the FIT Regional Coordinator to develop and implement a specific technical assistance plan based on the assessed provider agency needs. Additional training and TA is available upon request, but may also be directed, based on agency performance in the APR and/or based on the results of monitoring visits. Additionally, the FIT Program employs Regional Coordinators who, as state staff, oversee provider agency agreements and ensure compliance with state and federal regulations. Further, NM has an extensive TA system for transition monitoring and support. One of the Regional Coordinator positions is designated as the lead for the Community Based Assessments (CBAs) along with the data manager who monitors timelines and data quality. The FIT Program staff regularly provide technical assistance for both compliance issues and issues surrounding quality. The FIT Program ensures that training in both compliance and quality early intervention practices occur as required. Through desk audits and onsite audits, the FIT team ensures the IFSP has routines based functional outcomes, and strategies. When additional support is needed, IFSP training is available on the UNM CDD website.   
  
In addition, the UNM CDD ECLN maintains a website of all trainings and documents that support early intervention practices in New Mexico. FIT reflects New Mexico's commitment to ensuring both quality practices and compliance with timelines by reviewing IFSPs to ensure that they are completed timely and accurately according to regulations.

**Professional Development System:**

**The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.**

Licensing   
   
With the exception of the Family Service Coordination and Developmental Instruction, FIT delivers all services by licensed professionals in accordance with the discipline-specific regulations. Provider agreements issued to the provider agencies specifically list all IDEA Part C services and require all professionals to maintain licensure with the New Mexico State Regulatory Board. During the Community Based Assessments visits, the FIT Program audits service providers’ licenses to ensure they are current.   
   
Family Service Coordination Training   
   
The FIT Program requires that all new service coordinators attend service coordination training within one year of hire. A portion of this training is conducted online, while other portions require in person attendance (non-pandemic). The online portion of this training allows staff to access the training at any point for a refresher. The two-day in-person training includes training from a family/parent who has received early intervention services, an early interventionist from the New Mexico School for the Deaf and the New Mexico School for the Blind and Visually Impaired. One day of the training is dedicated to the transition process. New Mexico's Family Service Coordination training includes quality practices and innumerable hands-on practice activities. In addition, New Mexico is a member of the University of Connecticut's Early Childhood Personnel Center (UCONN ECPC) Service Coordination cohort and the National Service Coordination group and receives technical assistance from national experts in this area of practice.   
   
Developmental Specialist Certification   
   
In addition to educational prerequisites, FIT requires Developmental Specialists to develop and complete an annual competency-based Individualized Professional Development Plan (IPDP). The IPDP identifies the professional development to be completed to meet the seventy-five (75) hour minimum to recertify. Development Specialists identify workshop/conference attendance, in-service training, one-on-one mentoring, college courses, distance learning, web-based courses and other strategies used to meet the seventy-five (75) hour minimum to re-certify every three years. All ongoing professional development must relate to FIT Program competencies. The UNM CDD Early Learning Network developed a comprehensive list of trainings directly related to early intervention services such as assessment/evaluation practices, Family Guided Routines Based Interviews (FGRBI), Early Childhood Outcomes (ECO) scoring, etc. These trainings are maintained on a web portal for easy access. The FIT Program is a member of University of Connecticut's Early Childhood Personnel Center (UCONN ECPC) cohort 4 team to address CSPD needs. In addition, New Mexico has a Workforce Development and Professional Support Interagency Coordinating Council (ICC) subcommittee that works to support the professional development system for early intervention within the State. The FIT program also has a liaison that attends the State’s Higher Education task force meetings, and that works with local institutions of higher education on supporting the workforce with the development of early intervention skills.   
   
Technical Assistance Documents   
   
The FIT Program posts numerous, detailed technical assistance documents on the FIT Program website to assist in providing effective services that improve results for infants, toddlers with disabilities and their families. More recently, the New Mexico FIT program launched a professional development initiative focused on improving quality services and resources for our state's providers. This professional development initiative is a model based on implementation science. This model is designed to solve problems that arise when implementing interventions. Within FIT, the model involves supporting professional development leadership teams within each agency who will be responsible for staff orientation and ongoing training. FIT developed a comprehensive self-assessment for the leadership teams to use a combined technical assistance/professional development document for the leadership team to guide ongoing agency review.

**Broad Stakeholder Input:**

**The mechanisms for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State’s Systemic Improvement Plan (SSIP).**

Using broad stakeholder input, including the New Mexico Interagency Coordinating Council (ICC), the FIT Program developed annual targets for each of the State Performance Plan indicators. The ICC was instrumental in this process by setting targets and analyzing issues related to the State Systemic Improvement Plan. Stakeholders reviewed and analyzed previous years’ data, considered impacts of current and future initiatives, improvement activities, other events, and made recommendations to the ICC and to FIT program leadership. The New Mexico FIT Program presents APR data to the ICC and the group discusses the results at the January quarterly meeting. The ICC reviewed APR data at their annual retreat and developed targets for all the indicators. The ICC receives ongoing updates regarding the SSIP and related activities. The ICC provides ongoing input to the FIT Program via quarterly meetings and various subcommittees. Stakeholder involvement for NM SSIP (Indicator 11) began in 2013. The FIT Program, in collaboration with key stakeholders, developed an initial Theory of Action to support the State Systemic Improvement Plan (SSIP). The Theory of Action related IFSP quality to Early Childhood Outcomes (ECO) and the development of an IFSP Quality Rating Scale (IFSP-QRS) that was validated by the University of New Mexico. Stakeholders have been involved in the implementation of the SSIP, including informal and formal input in the decision-making process, implementation, and evaluation. Stakeholder input has come from agencies involved in the IFSP-QRS process and parents receiving early intervention services.

**Apply stakeholder input from introduction to all Part C results indicators (y/n)**

YES

**Number of Parent Members:**

6

**Parent Members Engagement:**

**Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

Parent members on the Interagency Coordinating Council (ICC) are engaged throughout the year. Target setting was discussed during two of the four quarterly ICC meetings and at the ICC retreat. The targets were reviewed and discussed at length during the yearly ICC retreat. Multiple touchpoints for target setting with parents and other stakeholders provide more opportunity to give input and to gain knowledge about early intervention, IDEA, Part C services and the importance of each indicator. Data points and program improvement strategies are discussed at all ICC meetings via the Lead Agency Report. The Quality and Workforce Development subcommittees of the ICC also discuss and analyze data to review areas of improvement needed and to act as thought partners in exploring opportunities or paths to improve early intervention within New Mexico.

**Activities to Improve Outcomes for Children with Disabilities:**

**Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.**

The FIT program has opportunities via the ICC and its subcommittees to explore different avenues of improving our systems. NM ICC also has a parent panel at every ICC meeting, inviting parents in different regions of the state to discuss their experience with early intervention describing what went well and what areas need improvement from the referral process to transition. This level of engagement with families informs FIT’s continuous quality improvement process including identifying short and long-term goals that will improve and streamline services with a focus on equitable access, quality, and cultural sensitivity. Following the parent panel, the ICC has rich reflective discussions on what was learned.   
   
The FIT program also works with two parenting programs within New Mexico, Parents Reaching Out (PRO), New Mexico’s Parent Training and Information Center and Education for Parents of Indian Children with Special Needs (EPICS) to conduct focus groups at various times throughout the year to hear from parents what their experiences are/have been within the FIT program.

**Soliciting Public Input:**

**The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

The FIT program introduced the topic of setting targets at the 06/09/21 ICC public meeting. The targets were discussed at length with all members of the ICC in September 2021 with the support of our ECTA center partners facilitation. The targets were then discussed, further input solicited and a vote on targets at the public ICC meeting occurring on 11/18/21. Data is shared via our Lead Agency report on COVID-19 trends, referrals, children served, eligibility categories, age of children served, fiscal data, race/ethnicity, and county level data. The Lead Agency report is distributed via a list serve.

**Making Results Available to the Public:**

**The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.**

The results of the target setting, data analysis, improvement strategies, and evaluation are first presented during the public ICC meetings. The minutes from the ICC meeting are uploaded to ECECD website for public access and review. All information is also shared via FIT list serves.

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2019 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State’s submission of its FFY 2019 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State’s SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2019 APR in 2021, is available.**

The FIT Program publishes a report to the public on the Annual Performance Report (APR), which shows the performance of local FIT Program provider agencies on each indicator in relation to the state’s targets and performance. The report is formatted such that the reader can view a “report card” on each provider or view each indicator to compare the performance of providers. This report is disseminated widely and is also made available at the FIT Program’s website, https://www.nmececd.org/fit-families/   
   
Report card to the public:   
   
FFY2019 report card: https://www.nmececd.org/wp-content/uploads/2021/11/FY20-APR-to-the-Public-w-Program-Report-Card-final.pdf   
FFY2018 report card: https://www.nmececd.org/wp-content/uploads/2021/01/State-Performance-Plan-C-FFY2018-2019.pdf   
FFY2017 report card: https://www.nmececd.org/wp-content/uploads/2020/07/FIT-ReportCard-Provider-FY18.p

## Intro - Prior FFY Required Actions

**Response to actions required in FFY 2019 SPP/APR**

## Intro - OSEP Response

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.

## Intro - Required Actions

# Indicator 1: Timely Provision of Services

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Compliance indicator:** Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

**Data Source**

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the State’s criteria for “timely” receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

**Measurement**

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services, including the reasons for delays.

**Instructions**

If data are from State monitoring, describe the method used to select early intervention service (EIS) programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State’s monitoring, describe the procedures used to collect these data. States report in both the numerator and denominator under Indicator 1 on the number of children for whom the State ensured the timely initiation of new services identified on the IFSP. Include the timely initiation of new early intervention services from both initial IFSPs and subsequent IFSPs. Provide actual numbers used in the calculation.

The State’s timeliness measure for this indicator must be either: (1) a time period that runs from when the parent consents to IFSP services; or (2) the IFSP initiation date (established by the IFSP Team, including the parent).

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in the Office of Special Education Programs’ (OSEP’s) response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 81.50% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 97.84% | 97.76% | 96.55% | 96.52% | 96.36% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner** | **Total number of infants and toddlers with IFSPs** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 4,970 | 6,072 | 96.36% | 100% | 96.06% | Did not meet target | No Slippage |

**Number of documented delays attributable to exceptional family circumstances**

***This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.***

863

**Provide reasons for delay, if applicable.**

Agencies reported services were delayed 114 instances due to various agency reasons (closure due to COVID, difficulty with communications, staff concerns, etc.) Six agencies reported 12 instances that were specific to positive COVID-19 testing. Agencies use the delay reason of “pandemic” when any factor related to the pandemic causes a delay. This delay may be due to exposure to COVID-19, positive test for COVID-19, inability to follow COVID safe practices on the part of the family or early interventionist. When the reason for delay of “Pandemic” is removed, New Mexico would have 5,959 children who received services in a timely manner for 98.13%. Delays noted, which do not fall into exceptional family reasons or inclement weather or pandemic reasons, were primarily due to staff scheduling (72). Staff schedules is often used when an agency is struggling to attain the level of staffing needed to serve the number of children in the area. Two agencies accounted for over 50% of the staff scheduling reasons.

**Include your State’s criteria for “timely” receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).**

The federal IDEA Part C criteria is used for timely receipt of services, 30 days from the service start date listed on the child's IFSP. Only family reasons and inclement weather count as acceptable reasons for delay in the start of services.

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

07/01/2020-03/31/2021

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

This nine month period of reporting (July 1, 2020 through March 31, 2021) is representative of the data for the full reporting period because IFSP development and service delivery units do not fluctuate significantly throughout the year.

**Provide additional information about this indicator (optional)**

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 5 | 5 | 0 | 0 |

**FFY 2019 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.***

The FIT Program has a two-pronged verification process to ensure that the local early intervention provider agency with a previous finding of noncompliance is: (1) is correctly implementing the timely service delivery requirements (i.e., achieved 100% compliance) in compliance with statutory/regulatory based on a review of subsequently collected data; and (2) has delivered the service for each child, unless the child is no longer within the jurisdiction of the FIT program. The verification process occurred through desk audits, onsite CBA monitoring when allowed by public health order, and via monitoring of the FIT-KIDS database. The FIT Program completed the two-pronged correction of the noncompliance process for the provider agencies. Findings were issued to agencies where non-compliance was not corrected within a pre-finding period of 90 days following the APR data time period identified as July-March of each year.

**Describe how the State verified that each *individual case* of noncompliance was corrected.**

Prong 2: NM found that 239 children had not received timely services in FFY2019. Through the two-pronged verification process via FIT-KIDS data monitoring and desk audits, the FIT program verified that the non-compliant agencies did provide services for all children, although late for children within the jurisdiction of the FIT program. Verification occurred for 234 children during the “pre-finding” time frame, which occurs in the 90 days following the APR data time period identified as July-March of each year. Five findings were issued to agencies when they did not provide services to the children as required and did not demonstrate- 100% compliance for at least one month. For all individual instances of noncompliance found, the FIT Program verified that each child did receive the required service/activity unless the child is no longer within the jurisdiction of the FIT Program.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

Response to actions required in FFY 2019 SPP/APR  
  
FIT identified 239 instances of noncompliance during FFY 2019 via desk review monitoring. For all individual instances of noncompliance found in FFY 2019, the EIS Program verified that each child did receive the required service, unless the child was no longer within the jurisdiction of the FIT Program. Service delivery is verified through the state database FIT-KIDS, desk audit/review, and during onsite CBA monitoring when allowed due to public health emergency. Through these processes, the FIT Program verified that each of the children who were still in the jurisdiction of the EIS program had received each service on their IFSP.   
   
The FIT Program issued a “finding” and completed a two-pronged correction of noncompliance process for the provider agency within one year of the date of the finding.   
Prong 1: Related to a finding of noncompliance found with Indicator 1 the FIT program verified that the noncompliant agency is correctly implementing the timely service or activity requirements (i.e., achieved 100% compliance). When noncompliance is found, subsequent data through FIT-KIDS is monitored until the agency demonstrates 100% compliance for at least a one-month period of time. (The agency may also submit narrative reports accounting for each specific instance of noncompliance and providing steps to ensure that the reasons for noncompliance are being addressed in order to prevent future recurrences). By conducting ongoing monitoring, the FIT Program verified that the provider with noncompliance under this indicator is correctly implementing the specific regulatory requirements.   
   
Prong 2: For all individual instances of noncompliance found, the FIT Program verified that each child did receive the required service/activity, unless the child is no longer within the jurisdiction of the FIT Program. Service delivery/completion of required activity is verified through FIT-KIDS, and during onsite Community Based Assessment monitoring. Through these processes, the FIT Program verified that each child who is still in the jurisdiction of the early intervention provider has received each service on their IFSP.

## 1 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## 1 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 2: Services in Natural Environments

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (E*MAPS*)).

**Measurement**

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

**Instructions**

Sampling from the State’s 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

The data reported in this indicator should be consistent with the State’s 618 data reported in Table 2. If not, explain.

## 2 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 93.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= | 95.50% | 95.50% | 95.75% | 95.75% | 95.75% |
| Data | 98.26% | 98.07% | 98.90% | 98.99% | 98.82% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 95.75% | 95.75% | 96.00% | 96.00% | 96.00% | 96.00% |

**Targets: Description of Stakeholder Input**

Using broad stakeholder input, including the New Mexico Interagency Coordinating Council (ICC), the FIT Program developed annual targets for each of the State Performance Plan indicators. The ICC was instrumental in this process by setting targets and analyzing issues related to the State Systemic Improvement Plan. Stakeholders reviewed and analyzed previous years’ data, considered impacts of current and future initiatives, improvement activities, other events, and made recommendations to the ICC and to FIT program leadership. The New Mexico FIT Program presents APR data to the ICC and the group discusses the results at the January quarterly meeting. The ICC reviewed APR data at their annual retreat and developed targets for all the indicators. The ICC receives ongoing updates regarding the SSIP and related activities. The ICC provides ongoing input to the FIT Program via quarterly meetings and various subcommittees. Stakeholder involvement for NM SSIP (Indicator 11) began in 2013. The FIT Program, in collaboration with key stakeholders, developed an initial Theory of Action to support the State Systemic Improvement Plan (SSIP). The Theory of Action related IFSP quality to Early Childhood Outcomes (ECO) and the development of an IFSP Quality Rating Scale (IFSP-QRS) that was validated by the University of New Mexico. Stakeholders have been involved in the implementation of the SSIP, including informal and formal input in the decision-making process, implementation, and evaluation. Stakeholder input has come from agencies involved in the IFSP-QRS process and parents receiving early intervention services.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 4,608 |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Total number of infants and toddlers with IFSPs | 4,632 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings** | **Total number of Infants and toddlers with IFSPs** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 4,608 | 4,632 | 98.82% | 95.75% | 99.48% | Met target | No Slippage |

**Provide additional information about this indicator (optional).**

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 2 - Required Actions

# Indicator 3: Early Childhood Outcomes

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of infants and toddlers with IFSPs who demonstrate improved:

A. Positive social-emotional skills (including social relationships);

B. Acquisition and use of knowledge and skills (including early language/ communication); and

C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Data Source**

State selected data source.

**Measurement**

Outcomes:

A. Positive social-emotional skills (including social relationships);

B. Acquisition and use of knowledge and skills (including early language/communication); and

C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

**Summary Statements for Each of the Three Outcomes:**

**Summary Statement 1:** Of those infants and toddlers who entered early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

**Measurement for Summary Statement 1:**

Percent = [(# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d)) divided by (# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d))] times 100.

**Summary Statement 2:** The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

**Measurement for Summary Statement 2:**

Percent = [(# of infants and toddlers reported in progress category (d) plus # of infants and toddlers reported in progress category (e)) divided by the (total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

**Instructions**

*Sampling of****infants and toddlers with IFSPs****is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions page 2 for additional instructions on sampling.)*

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three outcomes.

In presenting results, provide the criteria for defining “comparable to same-aged peers.” If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining “comparable to same-aged peers” has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the State’s Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or “at-risk infants and toddlers”) under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or “developmentally delayed children”) or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or “children with diagnosed conditions”)). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

## 3 - Indicator Data

**Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or “at-risk infants and toddlers”) under IDEA section 632(5)(B)(i)? (yes/no)**

YES

**Targets: Description of Stakeholder Input**

Using broad stakeholder input, including the New Mexico Interagency Coordinating Council (ICC), the FIT Program developed annual targets for each of the State Performance Plan indicators. The ICC was instrumental in this process by setting targets and analyzing issues related to the State Systemic Improvement Plan. Stakeholders reviewed and analyzed previous years’ data, considered impacts of current and future initiatives, improvement activities, other events, and made recommendations to the ICC and to FIT program leadership. The New Mexico FIT Program presents APR data to the ICC and the group discusses the results at the January quarterly meeting. The ICC reviewed APR data at their annual retreat and developed targets for all the indicators. The ICC receives ongoing updates regarding the SSIP and related activities. The ICC provides ongoing input to the FIT Program via quarterly meetings and various subcommittees. Stakeholder involvement for NM SSIP (Indicator 11) began in 2013. The FIT Program, in collaboration with key stakeholders, developed an initial Theory of Action to support the State Systemic Improvement Plan (SSIP). The Theory of Action related IFSP quality to Early Childhood Outcomes (ECO) and the development of an IFSP Quality Rating Scale (IFSP-QRS) that was validated by the University of New Mexico. Stakeholders have been involved in the implementation of the SSIP, including informal and formal input in the decision-making process, implementation, and evaluation. Stakeholder input has come from agencies involved in the IFSP-QRS process and parents receiving early intervention services.

**Will your separate report be just the at-risk infants and toddlers or aggregated performance data on all of the infants and toddlers it serves under Part C?**

At-risk infants and toddlers

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| **A1** | 2008 | Target>= | 67.00% | 67.50% | 68.00% | 69.00% | 69.00% |
| **A1** | 68.70% | Data | 70.21% | 72.12% | 71.45% | 73.71% | 75.95% |
| **A1 AR** | 2017 | Target>= |  |  |  | 70.00% | 70.00% |
| **A1 AR** | 72.70% | Data |  |  |  | 77.11% | 85.06% |
| **A2** | 2008 | Target>= | 63.00% | 63.20% | 63.30% | 63.50% | 63.50% |
| **A2** | 62.60% | Data | 67.87% | 64.19% | 63.46% | 56.27% | 54.88% |
| **A2 AR** | 2017 | Target>= |  |  |  | 64.00% | 64.00% |
| **A2 AR** | 62.90% | Data |  |  |  | 72.31% | 69.38% |
| **B1** | 2008 | Target>= | 70.50% | 71.00% | 72.00% | 72.50% | 72.50% |
| **B1** | 72.20% | Data | 72.64% | 73.96% | 75.21% | 78.11% | 79.34% |
| **B1 AR** | 2017 | Target>= |  |  |  | 73.00% | 73.00% |
| **B1 AR** | 76.00% | Data |  |  |  | 78.47% | 84.44% |
| **B2** | 2008 | Target>= | 61.00% | 61.50% | 62.00% | 62.50% | 62.50% |
| **B2** | 62.30% | Data | 68.31% | 62.88% | 65.15% | 58.61% | 57.23% |
| **B2 AR** | 2017 | Target>= |  |  |  | 63.00% | 63.00% |
| **B2 AR** | 63.40% | Data |  |  |  | 73.29% | 71.32% |
| **C1** | 2008 | Target>= | 72.00% | 72.20% | 72.40% | 72.60% | 72.60% |
| **C1** | 71.40% | Data | 73.69% | 73.42% | 75.82% | 77.81% | 78.46% |
| **C1 AR** | 2017 | Target>= |  |  |  | 73.00% | 73.00% |
| **C1 AR** | 77.20% | Data |  |  |  | 81.40% | 80.90% |
| **C2** | 2008 | Target>= | 60.50% | 61.00% | 61.50% | 62.00% | 62.00% |
| **C2** | 61.50% | Data | 69.10% | 64.93% | 64.50% | 57.63% | 55.83% |
| **C2 AR** | 2017 | Target>= |  |  |  | 63.00% | 63.00% |
| **C2 AR** | 61.80% | Data |  |  |  | 72.64% | 72.09% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1 >= | 69.00% | 70.50% | 71.00% | 71.00% | 71.00% | 71.00% |
| Target A1 AR >= | 73.00% | 73.50% | 74.00% | 74.00% | 74.00% | 74.00% |
| Target A2 >= | 63.50% | 63.50% | 63.50% | 63.50% | 63.50% | 63.50% |
| Target A2 AR >= | 64.00% | 64.00% | 64.00% | 64.00% | 64.00% | 64.00% |
| Target B1 >= | 73.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% |
| Target B1 AR >= | 76.25% | 76.50% | 77.00% | 77.50% | 77.75% | 78.00% |
| Target B2 >= | 62.50% | 62.50% | 62.50% | 62.50% | 62.50% | 62.50% |
| Target B2 AR >= | 63.50% | 63.50% | 63.50% | 63.50% | 64.00% | 64.50% |
| Target C1 >= | 72.60% | 73.00% | 73.00% | 73.00% | 73.00% | 73.00% |
| Target C1 AR >= | 77.50% | 78.00% | 78.00% | 78.00% | 78.50% | 78.50% |
| Target C2 >= | 62.00% | 62.00% | 62.00% | 62.00% | 62.00% | 62.00% |
| Target C2 AR >= | 63.00% | 63.00% | 63.50% | 63.50% | 63.50% | 64.00% |

**FFY 2020 SPP/APR Data**

**Number of infants and toddlers with IFSPs assessed**

3,427

**Outcome A: Positive social-emotional skills (including social relationships)**

| **Not including at-risk infants and toddlers** | **Number of children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 34 | 1.14% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 647 | 21.60% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 855 | 28.55% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,016 | 33.92% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 443 | 14.79% |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Number of children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 2 | 0.71% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 43 | 15.36% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 51 | 18.21% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 96 | 34.29% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 88 | 31.43% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,871 | 2,552 | 75.95% | 69.00% | 73.32% | Met target | No Slippage |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 1,459 | 2,995 | 54.88% | 63.50% | 48.71% | Did not meet target | Slippage |

**Provide reasons for A2 slippage, if applicable**

The FFY 2020 data indicates New Mexico missed its target of 63.5 percent by 15.09 percent and saw a decline in the A.2 indicator of 6.17 percent from FFY19. In FFY15 there was a Statewide launch of a revised IFSP with the Early Childhood Outcomes (ECO)embedded on the Present Abilities, Strengths, and Needs (PASN) page and training/technical assistance to assist agencies in creating higher quality functional outcomes for children. In FFY16, the process and paperwork for ECO collection were revised to assist with quality data collection. New Mexico has experienced a downward trend since FFY2014, similar to the National downward trend on this indicator. This trend was due to more accurate data being collected as a result of increased knowledge of ECOs by early interventionists. New Mexico introduced additional training in FFY17 and FFY18 on Family Guided Routines Based Intervention (FGRBI). This approach to early intervention services supports and integrates family-centered practice, adult learning, coaching, and feedback with evidence-based intervention on functional and meaningful outcomes in everyday routines and activities. The FGRBI approach strengthens the early interventionists interviewing skills with families around routines within the home supporting open conversations concerning scoring of the ECO. Early intervention practitioners report they believe the score for the ECO is more reflective of the child’s abilities whereas at times before they were not comfortable discussing with the parent the score being less than a child’s typically developing peer. This may be leading to more accurate data being collected as a result of deeper conversations regarding functional outcomes early in the process. One factor in the slippage to be explored further is the impact of the pandemic. Children received services via telehealth and in person, however, the services did not occur as frequently, and the time spent with families was shortened. Schedules were altered a great deal and parents reported being overwhelmed and fatigued by the pandemic. The Child Outcome Summary (COS) process was impacted by less frequent observation, difficulty with digital connectivity and difficulty connecting with parents. In addition, New Mexico has seen high staff turnover throughout provider agencies, resulting in less knowledge regarding Early Childhood Outcomes, FGRBI and Child Development. Change in how training is conducted (webinar vs classroom), and an increase in children with complex needs. New ECO training was introduced in July 2021 and a mandate for all early interventionist to complete the training during the fiscal year is in place. The ICC voted to keep the current target until the trend begins to turn upward.

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 147 | 192 | 85.06% | 73.00% | 76.56% | Met target | No Slippage |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 184 | 280 | 69.38% | 64.00% | 65.71% | Met target | No Slippage |

**Outcome B: Acquisition and use of knowledge and skills (including early language/communication)**

| **Not including at-risk infants and toddlers** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 29 | 0.97% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 606 | 20.23% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 850 | 28.38% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,232 | 41.14% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 278 | 9.28% |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 1 | 0.36% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 42 | 15.00% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 51 | 18.21% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 113 | 40.36% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 73 | 26.07% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 2,082 | 2,717 | 79.34% | 73.00% | 76.63% | Met target | No Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 1,510 | 2,995 | 57.23% | 62.50% | 50.42% | Did not meet target | Slippage |

**Provide reasons for B2 slippage, if applicable**

The FFY 2020 data indicates New Mexico missed its target of 62.5 percent by 12.08 percent and saw a decline in the B.2 indicator of 6.81 percent from FFY19. In FFY15 there was a Statewide launch of a revised IFSP with the ECO embedded on the Present Abilities, Strengths, and Needs (PASN) page and training/technical assistance to assist agencies in creating higher quality functional outcomes for children. In FFY16, the process and paperwork for ECO collection were revised to assist with quality data collection. New Mexico has experienced a downward trend since FFY2014, similar to the National downward trend on this indicator. This trend was due to more accurate data being collected as a result of increased knowledge of ECOs by early interventionists. New Mexico introduced additional training in FFY17 and FFY18 on Family Guided Routines Based Intervention (FGRBI). This approach to early intervention services supports and integrates family-centered practice, adult learning, coaching, and feedback with evidence-based intervention on functional and meaningful outcomes in everyday routines and activities. The FGRBI approach strengthens the early interventionists interviewing skills with families around routines within the home supporting open conversations concerning scoring of the ECO. Early intervention practitioners report they feel the score for the ECO is more reflective of the child’s abilities whereas at times before they were not comfortable discussing with the parent the score being less than a child’s typically developing peer. This may be leading to more accurate data being collected as a result of deeper conversations regarding functional outcomes early in the early intervention process. Another factor in the slippage to be explored further is the impact of the pandemic. Children received services via telehealth and in person, however, the services did not occur as frequently, and the time spent with families was shortened. Schedules were altered greatly, and parents reported being overwhelmed and fatigued by the pandemic. Completing the child outcomes summary (COS), was impacted by less frequent observation, difficulty with digital connectivity and difficulty connecting with parents. In addition, New Mexico has seen high staff turnover throughout provider agencies, resulting in less knowledge regarding Early Childhood Outcomes, FGRBI and Child Development. Change in how training is conducted (webinar vs classroom), and an increase in children with complex needs. New ECO training was introduced in July 2021 and a mandate for all early interventionist to complete the training during the fiscal year is in place. The ICC voted to keep the current target until the trend begins to turn upward.

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 164 | 207 | 84.44% | 76.25% | 79.23% | Met target | No Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 186 | 280 | 71.32% | 63.50% | 66.43% | Met target | No Slippage |

**Outcome C: Use of appropriate behaviors to meet their needs**

| **Not including at-risk infants and toddlers** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 26 | 0.87% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 576 | 19.23% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 886 | 29.58% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,229 | 41.04% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 278 | 9.28% |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 1 | 0.36% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 37 | 13.21% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 55 | 19.64% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 120 | 42.86% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 67 | 23.93% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 2,115 | 2,717 | 78.46% | 72.60% | 77.84% | Met target | No Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 1,507 | 2,995 | 55.83% | 62.00% | 50.32% | Did not meet target | Slippage |

**Provide reasons for C2 slippage, if applicable**

The FFY 2020 data indicates New Mexico missed its target of 62.0 percent by 11.68 percent and saw a decline in the B.2 indicator of 5.51 percent from FFY19. In FFY15 there was a Statewide launch of a revised IFSP with the ECO embedded on the Present Abilities, Strengths, and Needs (PASN) page and training/technical assistance to assist agencies in creating higher quality functional outcomes for children. In FFY16, the process and paperwork for ECO collection were revised to assist with quality data collection. New Mexico has experienced a downward trend since FFY2014, similar to the National downward trend on this indicator. This trend was due to more accurate data being collected as a result of increased knowledge of ECOs by early interventionists. New Mexico introduced additional training in FFY17 and FFY18 on Family Guided Routines Based Intervention (FGRBI). This approach to early intervention services supports and integrates family-centered practice, adult learning, coaching, and feedback with evidence-based intervention on functional and meaningful outcomes in everyday routines and activities. The FGRBI approach strengthens the early interventionists interviewing skills with families around routines within the home supporting open conversations concerning scoring of the ECO. Early intervention practitioners report they feel the score for the ECO is more reflective of the child’s abilities whereas at times before they were not comfortable discussing with the parent the score being less than a child’s typically developing peer. This may be leading to more accurate data being collected as a result of deeper conversations regarding functional outcomes early in the early intervention process. Another factor in the slippage to be explored further is the impact of the pandemic. Children received services via telehealth and in person, However, the services did not occur as frequently, and the time spent with families was shortened. Schedules were altered greatly, and parents reported being overwhelmed and fatigued by the pandemic. The COS process was impacted by less frequent observation, difficulty with digital connectivity and difficulty connecting with parents. In addition, New Mexico has seen high staff turnover throughout provider agencies, resulting in less knowledge regarding Early Childhood Outcomes, FGRBI and Child Development. Change in how training is conducted (webinar vs classroom), and an increase in children with complex needs. New ECO training was introduced in July 2021 and a mandate for all early interventionist to complete the training during the fiscal year is in place. The ICC voted to keep the current target until the trend begins to turn upward.

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 175 | 213 | 80.90% | 77.50% | 82.16% | Met target | No Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 187 | 280 | 72.09% | 63.00% | 66.79% | Met target | No Slippage |

**The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program**.

| **Question** | **Number** |
| --- | --- |
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting 618 data | 4,632 |
| The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program. | 1,205 |

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used? | NO |

**Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COS) process? (yes/no)**

YES

**List the instruments and procedures used to gather data for this indicator.**

New Mexico uses a decision-making rubric based on the ECO crosswalk developed by the OSEP ECO center to determine ECO scores. The evaluation team meets and scores the ECO using the rubric guide; information is gathered from the family in a routines-based interview, observation, and the IFSP process. The team comes to a consensus regarding the scores. Scores are entered into the FIT KIDs data base. New Mexico requires that initial and exit data be entered into the database. This information is validated during program audits.

**Provide additional information about this indicator (optional).**

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.  
  
The State has revised the baseline for At Risk infants and toddlers, using data from FFY 2017, and OSEP accepts that revision.  
  
The State provided targets for At Risk infants and toddlers for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 3 - Required Actions

# Indicator 4: Family Involvement

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of families participating in Part C who report that early intervention services have helped the family:

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Data Source**

State selected data source. State must describe the data source in the SPP/APR.

**Measurement**

A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.

B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs) divided by the (# of respondent families participating in Part C)] times 100.

C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

**Instructions**

*Sampling of****families participating in Part C****is allowed.* *When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions page 2 for additional instructions on sampling.)*

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year’s response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State’s analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group)

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race and ethnicity in its analysis. In addition, the State’s analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline** | **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| A | 2006 | Target>= | 94.00% | 94.50% | 94.80% | 95.00% | 97.00% |
| A | 84.50% | Data | 98.76% | 98.70% | 98.99% | 98.85% | 97.79% |
| B | 2006 | Target>= | 94.00% | 94.50% | 94.80% | 95.00% | 97.00% |
| B | 88.40% | Data | 98.96% | 99.27% | 99.72% | 99.27% | 99.33% |
| C | 2006 | Target>= | 96.00% | 96.40% | 96.80% | 97.00% | 97.00% |
| C | 89.50% | Data | 99.70% | 99.84% | 99.72% | 99.74% | 99.56% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 97.00% | 97.00% | 97.00% | 97.00% | 97.00% | 97.00% |
| Target B>= | 97.00% | 97.00% | 97.50% | 97.50% | 98.00% | 98.00% |
| Target C>= | 97.00% | 97.50% | 97.50% | 98.00% | 98.00% | 98.00% |

**Targets: Description of Stakeholder Input**

Using broad stakeholder input, including the New Mexico Interagency Coordinating Council (ICC), the FIT Program developed annual targets for each of the State Performance Plan indicators. The ICC was instrumental in this process by setting targets and analyzing issues related to the State Systemic Improvement Plan. Stakeholders reviewed and analyzed previous years’ data, considered impacts of current and future initiatives, improvement activities, other events, and made recommendations to the ICC and to FIT program leadership. The New Mexico FIT Program presents APR data to the ICC and the group discusses the results at the January quarterly meeting. The ICC reviewed APR data at their annual retreat and developed targets for all the indicators. The ICC receives ongoing updates regarding the SSIP and related activities. The ICC provides ongoing input to the FIT Program via quarterly meetings and various subcommittees. Stakeholder involvement for NM SSIP (Indicator 11) began in 2013. The FIT Program, in collaboration with key stakeholders, developed an initial Theory of Action to support the State Systemic Improvement Plan (SSIP). The Theory of Action related IFSP quality to Early Childhood Outcomes (ECO) and the development of an IFSP Quality Rating Scale (IFSP-QRS) that was validated by the University of New Mexico. Stakeholders have been involved in the implementation of the SSIP, including informal and formal input in the decision-making process, implementation, and evaluation. Stakeholder input has come from agencies involved in the IFSP-QRS process and parents receiving early intervention services.

**FFY 2020 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 2,816 |
| Number of respondent families participating in Part C | 911 |
| Survey Response Rate | 32.35% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 865 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 911 |
| B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs | 902 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 911 |
| C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn | 905 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 911 |

| **Measure** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- |
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 97.79% | 97.00% | 94.95% | Did not meet target | Slippage |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2) | 99.33% | 97.00% | 99.01% | Met target | No Slippage |
| C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2) | 99.56% | 97.00% | 99.34% | Met target | No Slippage |

**Provide reasons for part A slippage, if applicable**

New Mexico missed its target of 97 percent by 2.05 percent. The FIT program believes this slippage occurred because families had a greater difficulty in understanding the rights explained by their Family Service Coordinator (FSC) due to the limited person-to-person meetings and the physical presentation of materials. Families experienced the majority of services and meetings via teleconference/telehealth due to the COVID-19 health emergency. Family Service Coordinators mailed or emailed parent handbooks and family rights/safeguards to parents. Transition services occurred via teleconference with documents emailed. Sometimes this approach resulted in less explanation and a lack of knowing if the parents fully understood and knew their rights. Prior to the pandemic the Parent Handbook and explanations of rights, explanation of services and processes were done face-to-face in the parent’s home. The FSC was able to go through the documents side-by-side with the parent(s) to support better understanding. The FSC was better able to identify if the parent was not understanding when meeting in-person. The relationships established for many parents have only been virtual, which can at times create apprehension or ask questions. The return to in-person services is expected to result in an increased percentage in parents understanding their rights.

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used? | NO |

| **Question** | **Yes / No** |
| --- | --- |
| Was a collection tool used? | YES |
| If yes, is it a new or revised collection tool? | YES |
| If your collection tool has changed, upload it here. |  |
| The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. | NO |

**If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.**

The State of New Mexico used the ECTA Center Representativeness Calculator to analyze the responses that we received from families surveyed for FFY 2020. NM achieved representation with our African American, Asian, and Native Hawaiian/Pacific Islander populations. New Mexico did not achieve representation with Native Americans, White, or more than one race. The race and ethnic breakdown of individuals who FIT serves are captured by our database and reported to our stakeholders, and although we do ask that parents who complete the survey identify their ethnic and racial information, many families chose to leave that section blank. This is an area we can work with our EI providers to encourage families to complete the survey. FIT will engage in the following strategies to improve representativeness. FIT will work with providers to ensure all eligible families are informed of the survey.   
FIT providers will be instructed to hand-deliver the survey or provide the link to the electronic survey individually rather than sending it out in a large recipient email group. FIT state team will provide feedback to provider agencies on return rates and demographics at the mid-way mark of the open survey to ensure the providers have information on response rates and the demographic makeup of the responses received. Parents will be required to complete the demographic fields. The NM ICC will also be engaged to support the FIT state team in developing strategies to improve representativeness.

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2019** | **2020** |
| Survey Response Rate | 30.20% | 32.35% |

**Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.**

To capture accurate demographic representation the state sends an annual survey to all families who have been active with the FIT Program for at least six months. The family surveys are provided in Spanish and English and are accessible electronically/online. FIT’s database collects the racial and ethnic breakdown of individuals served and numbers are reported to stakeholders. This year, FIT required the section for identification of race/ethnicity to be required response. We had 65 parents prefer not to give their child’s race/ethnicity compared 141 skipped responses last year. The overall response rate increased this year; however, fewer families were surveyed. The pandemic impacted the number of children being served and thus the number of parents to survey. In prior years, providers would give parents a copy of the survey with an envelope and due to the pandemic, the survey was collected via Survey Monkey unless the parent asked for an emailed version of the survey. -It is important we offer the survey on paper and delivered to the family due to the digital divide that exist in NM. Technology is not available for all families due to varied resources throughout the state.

**Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.**

New Mexico achieved a response rate of 32.35 percent for FFY2020. This rate is lower than the return rate in FFY18 when early intervention providers were able to hand deliver services and support the survey return. It is higher than the FFY2019 rate as providers and families were more familiar with the use of electronic survey. Families were offered the option of a paper survey however there were very few (less than 50) who completed a paper survey. The electronic version of the survey return rate was higher, but the difficulties with connectivity and technology resources impacted the return rate.

**Include the State’s analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program.** **States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.**

The State of New Mexico used the ECTA Center Representativeness Calculator to analyze the responses received from families surveyed for FFY 2020. Based on the representativeness calculator, for families of Hispanic origin we had a target representation of 70 percent, and our actual representation was 69 percent; it also had a target representation of 30 percent for non-Hispanic with an actual representation of 31 percent. NM achieved representation with our African American, Asian, and Native Hawaiian/Pacific Islander populations. New Mexico did not achieve representation with Native American, White or more than one race. The State currently sends out surveys to all families who were active in the FIT Program for a minimum of six months at the time of the survey. The family surveys are in Spanish and English as well on-line to support the family in completing a survey. FIT’s databases capture racial and ethnic breakdown of the individuals it serves by length of time in service and children's age group and this data is reported to our stakeholders.   
This year we asked parents to tell us the age of their child and how long they have been receiving early intervention services. In these new data points, we had a higher rate of return from families who had children 25-36 months (50%) and we had a higher rate of return from families in the program 13-24 months (39%) During the next FFY we will explore these new areas more thoroughly

**Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).**

New Mexico uses the Early Childhood Technical Assistance Center (ECTA) representativeness calculator. According to the ECTA Center, the calculator uses an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon the 90% confidence intervals for each indicator (significance level = .10).

**Provide additional information about this indicator (optional).**

New Mexico's Family Survey was released via an electronic survey as the COVID-19 public health emergency continued. New Mexico saw a slightly increased rate of return in FFY20 at 32.35 percent. This rate of return continues to be a much lower return rate from what New Mexico saw in FFY18 of 57 percent. Families were given the option of a paper survey to complete or a link to an electronic survey. The majority of respondent families completed the electronic survey.

## 4 - Prior FFY Required Actions

In the FFY 2020 SPP/APR, the State must report whether its FFY 2020 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program , and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

**Response to actions required in FFY 2019 SPP/APR**

New Mexico changed the format of the family survey to require parents to provide the race/ethnicity of their child. The state did allow parents to select if they would prefer not to answer the question. We had 73 families who did not wish to provide race/ethnicity information. In addition, we added two data points this year, length of time with early intervention and age of child. Early Intervention providers have voiced that they have families who do not wish to share the level of demographic information being requested. We value all answers to the family survey questions and want to continue to allow parents the option to opt out of providing demographic information instead of selecting not to do the survey. As we add more questions in the future, we will provide an opt out option to ensure parent a voice is represented in the data collected.

## 4 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 4 - Required Actions

In the FFY 2021 SPP/APR, the State must report whether its FFY 2021 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program , and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

## 4 – State Attachments



# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Results indicator:** Percent of infants and toddlers birth to 1 with IFSPs.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the E*DFacts* Metadata and Process System (E*MAPS*)) and Census (for the denominator).

**Measurement**

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100.

**Instructions**

*Sampling from the State’s 618 data is not allowed.*

Describe the results of the calculations.The data reported in this indicator should be consistent with the State’s reported 618 data reported in Table 1. If not, explain why.

## 5 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 2.08% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 2.50% | 2.60% | 2.60% | 2.60% | 2.60% |
| Data | 3.73% | 3.97% | 3.65% | 4.02% | 4.17% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 2.60% | 2.60% | 2.60% | 2.60% | 2.60% | 2.60% |

Targets: Description of Stakeholder Input

Using broad stakeholder input, including the New Mexico Interagency Coordinating Council (ICC), the FIT Program developed annual targets for each of the State Performance Plan indicators. The ICC was instrumental in this process by setting targets and analyzing issues related to the State Systemic Improvement Plan. Stakeholders reviewed and analyzed previous years’ data, considered impacts of current and future initiatives, improvement activities, other events, and made recommendations to the ICC and to FIT program leadership. The New Mexico FIT Program presents APR data to the ICC and the group discusses the results at the January quarterly meeting. The ICC reviewed APR data at their annual retreat and developed targets for all the indicators. The ICC receives ongoing updates regarding the SSIP and related activities. The ICC provides ongoing input to the FIT Program via quarterly meetings and various subcommittees. Stakeholder involvement for NM SSIP (Indicator 11) began in 2013. The FIT Program, in collaboration with key stakeholders, developed an initial Theory of Action to support the State Systemic Improvement Plan (SSIP). The Theory of Action related IFSP quality to Early Childhood Outcomes (ECO) and the development of an IFSP Quality Rating Scale (IFSP-QRS) that was validated by the University of New Mexico. Stakeholders have been involved in the implementation of the SSIP, including informal and formal input in the decision-making process, implementation, and evaluation. Stakeholder input has come from agencies involved in the IFSP-QRS process and parents receiving early intervention services.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 1 with IFSPs | 757 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 1 | 22,576 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 757 | 22,576 | 4.17% | 2.60% | 3.35% | Met target | No Slippage |

**Provide additional information about this indicator (optional)**

Over the past 5 - 7 years, FIT has maintained a consistent public awareness campaign. This campaign involves educating pediatricians, child care providers, public health offices, etc. about FIT services and encourages such professionals to refer children at a young age. Notably, on July 1, 2020, FIT’s Part C program moved from the New Mexico Department of Health (DOH) to the New Mexico Early Childhood Education and Care Department (ECECD). This is a valuable opportunity to include early intervention in current public awareness campaigns managed by ECECD and expand FIT’s visibility in the community. ECECD includes FIT in all communications about the spectrum of early childhood services, further bolstering our public awareness campaign.

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 5 - Required Actions

# Indicator 6: Child Find (Birth to Three)

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Results indicator:** Percent of infants and toddlers birth to 3 with IFSPs.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (E*MAPS*)) and Census (for the denominator).

**Measurement**

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100.

**Instructions**

*Sampling from the State’s 618 data is not allowed.*

Describe the results of the calculations . The data reported in this indicator should be consistent with the State’s reported 618 data reported in Table 1. If not, explain why.

## 6 - Indicator Data

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 3.58% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 4.90% | 5.00% | 5.00% | 5.00% | 5.00% |
| Data | 6.76% | 7.43% | 7.54% | 8.72% | 8.90% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 5.00% | 5.00% | 5.00% | 5.00% | 5.00% | 5.00% |

Targets: Description of Stakeholder Input

Using broad stakeholder input, including the New Mexico Interagency Coordinating Council (ICC), the FIT Program developed annual targets for each of the State Performance Plan indicators. The ICC was instrumental in this process by setting targets and analyzing issues related to the State Systemic Improvement Plan. Stakeholders reviewed and analyzed previous years’ data, considered impacts of current and future initiatives, improvement activities, other events, and made recommendations to the ICC and to FIT program leadership. The New Mexico FIT Program presents APR data to the ICC and the group discusses the results at the January quarterly meeting. The ICC reviewed APR data at their annual retreat and developed targets for all the indicators. The ICC receives ongoing updates regarding the SSIP and related activities. The ICC provides ongoing input to the FIT Program via quarterly meetings and various subcommittees. Stakeholder involvement for NM SSIP (Indicator 11) began in 2013. The FIT Program, in collaboration with key stakeholders, developed an initial Theory of Action to support the State Systemic Improvement Plan (SSIP). The Theory of Action related IFSP quality to Early Childhood Outcomes (ECO) and the development of an IFSP Quality Rating Scale (IFSP-QRS) that was validated by the University of New Mexico. Stakeholders have been involved in the implementation of the SSIP, including informal and formal input in the decision-making process, implementation, and evaluation. Stakeholder input has come from agencies involved in the IFSP-QRS process and parents receiving early intervention services.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 3 with IFSPs | 4,632 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 3 | 69,393 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 4,632 | 69,393 | 8.90% | 5.00% | 6.68% | Met target | No Slippage |

**Provide additional information about this indicator (optional).**

Over the past 5 - 7 years, FIT has maintained a consistent public awareness campaign. This campaign involves educating pediatricians, child care providers, public health offices, etc. about FIT services and encourages such professionals to refer children at a young age. Notably, on July 1st of 2020, FIT’s Part C program moved from the New Mexico Department of Health (DOH) to the New Mexico Early Childhood Education and Care Department (ECECD). This is a valuable opportunity to include early intervention in current public awareness campaigns managed by ECECD and expand FIT’s visibility in the community. ECECD includes FIT in all communications about the spectrum of early childhood services, further bolstering our public awareness campaign.

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 6 - Required Actions

# Indicator 7: 45-Day Timeline

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Compliance indicator:** Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data to be taken from monitoring or State data system and must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

**Measurement**

Percent = [(# of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

**Instructions**

*If data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.*

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State’s monitoring, describe the procedures used to collect these data. Provide actual numbers used in the calculation.

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 63.90% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.89% | 96.80% | 93.68% | 96.63% | 94.06% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

| **Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline** | **Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,938 | 3,123 | 94.06% | 100% | 78.48% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable.**

The reason recorded as “public health emergency” resulted in 603 children not receiving services within the 45-day timeline. This led to a drop in percentage from 97.79 percent to 78.48 percent. The pandemic impacted the entire FFY20 whereas last year it impacted approximately three months. Children were served and IFSP's did occur, however, the 45-day timeline was not achieved due to the ambiguity that was presented by the public health emergency. For instance, early intervention faced challenges when it came to scheduling, connectivity, signatory, along with the use of technology by families, and COVID-19 illness.

**Number of documented delays attributable to exceptional family circumstances**

**This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.**

513

**Provide reasons for delay, if applicable.**

As indicated above, 513 children had documented reasons of delay attributable to exceptional family reasons. FIT provider agencies captured the delay caused by the pandemic 603 times. The FIT-Kids data system added the public health emergency delay reason to better identify the impact of the pandemic on FIT services. While this reflected a lower percentage meeting the 45-day timeline, it gives a clearer picture of early intervention and the impact of the pandemic on families and providers.

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

July 1, 2020 through March 31, 2021 (9 months)

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

This nine-month period of reporting (July 1, 2020 through March 31, 2021) is representative of the data for the full reporting period because IFSP development and service delivery units do not fluctuate significantly throughout the year.

**Provide additional information about this indicator (optional).**

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 8 | 8 |  | 0 |

**FFY 2019 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.***

The FIT Program has a two-pronged verification process to ensure that the local early intervention provider agency with a previous finding of noncompliance is: (1) is correctly implementing the timely service delivery requirements (i.e., achieved 100% compliance) in compliance with statutory/regulatory based on a review of subsequently collected data; and (2) has delivered the service for each child, unless the child is no longer within the jurisdiction of the FIT program. The verification process occurred through desk audits, onsite CBA monitoring when allowed by public health order, and via monitoring of the FIT-KIDS database. The FIT Program completed the two-pronged correction of the noncompliance process for the provider agencies. Findings were issued to agencies where non-compliance was not corrected within a pre-finding period of 90 days following the APR data time period identified as July-March of each year.

**Describe how the State verified that each *individual case* of noncompliance was corrected.**

NM found that 299 children had not received an IFSP within the 45-day timeline in FFY2019. Through the two-pronged verification process via FIT-KIDS data monitoring and desk audits, the FIT program verified that the non-compliant agencies did complete an IFSP for 291 children, although late for children within the jurisdiction of the FIT program. This verification occurred during the “pre-finding” time frame, which occurs in the 90 days following the APR data time period identified as July-March of each year. Eight findings were issued to agencies when they did not complete an IFSP on time and did not demonstrate- 100% compliance for at least one month period during the “pre-finding” period.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

TFIT identified 299 instances of noncompliance during FFY 2019 via desk review monitoring for indicator 7. For all individual instances of noncompliance found in FFY 2019, the EIS Program verified that each child did receive the required service, unless the child was no longer within the jurisdiction of the FIT Program. Service delivery is verified through the state database FIT-KIDS, desk audit/review, and during onsite CBA monitoring when allowed due to public health emergency. Through these processes, the FIT Program verified that each of the children who were still in the jurisdiction of the EIS program had received an IFSP although late.   
   
 The FIT program completed a two-pronged correction of noncompliance process for the provider agency within one year of the date of the finding.   
Prong 1: Related to a finding of noncompliance found with Indicator 7. The FIT program verified that the noncompliant agency is correctly implementing the timely service or activity requirements (i.e., achieved 100% compliance). When noncompliance is found, subsequent data through FIT-KIDS is monitored until the agency demonstrates 100% compliance for at least a one-month period of time. (The agency may also submit narrative reports accounting for each specific instance of noncompliance and providing steps to ensure that the reasons for noncompliance are being addressed in order to prevent future recurrences). By conducting ongoing monitoring, the FIT Program verified that the provider with noncompliance under this indicator is correctly implementing the specific regulatory requirements.   
   
Prong 2: For all individual instances of noncompliance found, the FIT Program verified that each child did receive the required service/activity, unless the child is no longer within the jurisdiction of the FIT Program. Service delivery/completion of required activity is verified through FIT-KIDS, and during onsite Community Based Assessment monitoring. Through these processes, the FIT Program verified that each child who is still in the jurisdiction of the early intervention provider has received and IFSP.  
  
Findings were issued to agencies where non-compliance was not corrected within a pre-finding period of 90 days following the APR data time period identified as July-March of each year.

## 7 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## 7 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 8A: Early Childhood Transition

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

**Instructions**

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State’s monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to “opt-out” of the referral. Under the State’s opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State’s Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 80.30% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 97.48% | 97.69% | 97.66% | 95.38% | 93.83% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

**Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday. (yes/no)**

YES

| **Number of children exiting Part C who have an IFSP with transition steps and services** | **Number of toddlers with disabilities exiting Part C** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,323 | 2,265 | 93.83% | 100% | 95.23% | Did not meet target | No Slippage |

**Number of documented delays attributable to exceptional family circumstances**   
**This number will be added to the “Number of children exiting Part C who have an IFSP with transition steps and services” field to calculate the numerator for this indicator.**

834

**Provide reasons for delay, if applicable.**

It is believed the high turnover rate and limited availability of Early Interventionists within New Mexico continues to impact the 8A percentage. There was a slight increase in FFY20 with agencies using reporting fewer reasons of "Agency Other." The state requested providers review why they selected "Agency Other" and to not select this category if a delay reason fit into a different category.

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

July 1,2020 through March 31, 2021 (9 months)

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

Transition Service delivery units fluctuate insignificantly throughout the year, this nine-month period (July 1, 2020 through March 31, 2021) of reporting easily reflects the data for the full reporting period.

**Provide additional information about this indicator (optional)**

As indicated above, 834 children had documented delays attributable to exceptional family circumstances. With the inclusion of these children with exceptional family circumstances as delays, New Mexico had 2,157 children with disabilities exiting Part C who have an IFSP with transition steps and services. Total toddlers exiting Part C with disabilities were 2,265. Delays which were not attributed to exceptional family circumstances were delay reasons of staff schedule/staff shortage 42 and "Agency Other" use went down.

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 7 | 7 |  | 0 |

**FFY 2019 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.***

The FIT Program has a two-pronged verification process to ensure that the local early intervention provider agency with a previous finding of noncompliance is: (1) is correctly implementing transition steps and services for at least 90 days and, at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday the (i.e., achieved 100% compliance) in compliance with statutory/regulatory based on a review of subsequently collected data; and (2) has delivered the service for each child, unless the child is no longer within the jurisdiction of the FIT program. The verification process occurred through desk audits, onsite CBA monitoring when allowed by public health order, and via monitoring of the FIT-KIDS database. The FIT Program issued a “finding” and completed a two-pronged correction of the noncompliance process for the provider agency within one year of the date of the finding.

**Describe how the State verified that each *individual case* of noncompliance was corrected.**

New Mexico identified 160 instances of non-compliance in FFY2019. Through the two-pronged verification process via FIT-KIDS data monitoring and desk audits, the FIT program verified that the non-compliant agencies are correctly implementing transition steps and services for at least 90 days and, at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday (i.e., achieved 100% compliance). Verification occurred for 153 children identified as non-compliant during the “pre-finding” time frame, which occurs in the 90 days following the APR data time period identified as July-March of each year. Seven findings were issued to agencies when they did not provide a transition plan to children as required and did not demonstrate- 100% compliance for at least one month. For all individual instances of noncompliance found, the FIT Program verified that each child did receive a transition plan although it was late.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

The State reported that it identified seven (7) findings of noncompliance across three (3) programs in FFY 2019. However, the State reported 160 instances of noncompliance in the FFY 2019 APR. Therefore, OSEP could not determine how the State issued findings and could not determine if the State verified, consistent with OSEP Memo 09-02, that each EIS program or provider: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.  
  
Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.  
  
The FIT Program has a two-pronged verification process to ensure that the local early intervention provider agency with a previous finding of noncompliance is: (1) is correctly implementing transition steps and services for at least 90 days and, at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday the (i.e., achieved 100% compliance) in compliance with statutory/regulatory based on a review of subsequently collected data; and (2) has delivered the service for each child, unless the child is no longer within the jurisdiction of the FIT program. The verification process occurred through desk audits, onsite CBA monitoring when allowed by public health order, and via monitoring of the FIT-KIDS database. The FIT Program issued a “finding” and completed a two-pronged correction of the noncompliance process for the provider agency within one year of the date of the finding.   
  
Describe how the State verified that each individual case of noncompliance was corrected.  
  
New Mexico identified 160 instances of non-compliance in FFY2019. Through the two-pronged verification process via FIT-KIDS data monitoring and desk audits, the FIT program verified that the non-compliant agencies are correctly implementing transition steps and services for at least 90 days and, at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday (i.e., achieved 100% compliance). Verification occurred for 153 children identified as non-compliant during the “pre-finding” time frame, which occurs in the 90 days following the APR data time period identified as July-March of each year. Seven findings were issued to agencies when they did not provide a transition plan to children as required and did not demonstrate- 100% compliance for at least one month. For all individual instances of noncompliance found, the FIT Program verified that each child did receive a transition plan although it was late.  
  
Response to actions required in FFY 2019 SPP/APR  
  
The FIT Program has a two-pronged verification process to ensure that the local early intervention provider agency with a previous finding of noncompliance is: (1) is correctly implementing the compliance indicator (i.e., achieved 100% compliance) and (2) has delivered the service for each child, unless the child is no longer within the jurisdiction of the FIT program.   
Prong 1: Related to the findings of noncompliance found with Indicator 8A, the FIT program verified that each agency is correctly implementing transition steps and services for at least 90 days and, at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday When noncompliance was found, subsequent data through FIT-KIDS was monitored until the agency demonstrated 100% compliance for a specified period of time. The agency also submitted narrative reports accounting for each specific instance of noncompliance and providing steps to ensure that the reasons for noncompliance are being addressed in order to prevent future recurrences. If the agency did not verify the non-compliance was corrected, a finding was issued.   
Prong 2: For all individual instances of noncompliance found, the FIT Program verified that each child did receive the required transition plan, unless the child is no longer within the jurisdiction of the FIT Program. FIT identified the correction of noncompliance during FFY 2019 via FIT-KIDS monitoring and/or desk review monitoring. Through these processes, the FIT Program verified that each of the children who were still in the jurisdiction of the EIS program had received transition planning, although late. Agencies have an opportunity to correct non-compliance without a finding being issued if the correction occurs during the 90 days following the APR data period (July-March).

## 8A - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## 8A - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 8B: Early Childhood Transition

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

**Instructions**

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State’s monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to “opt-out” of the referral. Under the State’s opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State’s Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 100.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.79% | 97.98% | 97.14% | 98.48% | 96.00% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

**Data include notification to both the SEA and LEA**

YES

| **Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 465 | 478 | 96.00% | 100% | 97.28% | Did not meet target | No Slippage |

**Number of parents who opted out**

**This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.**

0

**Provide reasons for delay, if applicable.**

The reason for delay in notifications to Part B were noted as due to the pandemic. EIS personnel had difficulty pulling data reports or following normal 8b notification procedures as school system personnel may not be available to receive the information (via fax, email or mail).

**Describe the method used to collect these data.**

The FIT-KIDS statewide database generates reports for notification to LEAS of children turning three within one year of the date of the report. The report includes all children who are potentially eligible for Part B. Provider agencies can easily develop reports in FIT-KIDS of the children in each school district turning three years old in specified periods who are potentially eligible for Part B. These reports are intended to be reviewed at the provider level and transmitted to the LEAs according to the frequency noted in their MOUs (usually monthly or quarterly). The local Part C agency must inform the LEA of any children who are referred and determined eligible for Part C after the notification has been transmitted to the LEA. In determining compliance with LEA notification, FIT Providers conducted a self-audit of a 10 percent (or minimum of 10) random selection of children who turned three between July 1, 2020, and March 31, 2021, for whom LEA notification was required (children potentially eligible for Part B). The audit consisted of indicating the agency had documentation that LEA notification occurred at least 90 days prior to the toddler's third birthday for those children. Because the number of children turning three in the FIT Program fluctuates significantly throughout the year, this nine-month period of reporting accurately reflects the data for infants and toddlers with IFSPs for the full reporting period. SEA notification occurs quarterly for all children turning three years old within one year. Notification at the state level occurred for 100 percent of children potentially eligible for Part B

**Do you have a written opt-out policy? (yes/no)**

NO

**What is the source of the data provided for this indicator?**

State monitoring

**Describe the method used to select EIS programs for monitoring.**

All FIT Providers conducted a self-audit of a 10 percent (or minimum of 10) representative selection of children who turned three between July 1, 2020, and March 31, 2021, for whom LEA notification was required (potentially eligible for Part B).

**Provide additional information about this indicator (optional).**

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 0 | 0 | 0 | 0 |

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

The FIT Program has a two-pronged verification process to ensure that the local early intervention provider agency with a previous finding of noncompliance is: (1) is correctly implementing the compliance indicator (i.e., achieved 100% compliance) and (2) has delivered the service for each child, unless the child is no longer within the jurisdiction of the FIT program.   
  
Prong 1: When noncompliance was found, subsequent data through FIT-KIDS and desk reviews was monitored until the agency demonstrated 100% compliance for a specified period of time. The agency also submitted narrative reports accounting for each specific instance of non-compliance and providing steps to ensure that the reasons for non-compliance are being addressed to prevent future recurrences. By conducting ongoing monitoring, the FIT Program has verified that the EIS program with noncompliance under this indicator is correctly implementing the specific regulatory requirements   
Prong 2: For all individual instances of noncompliance found, the FIT Program verified toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services, the LEA did receive notice of for the 13 children identified in FFY2019 as not being in compliance. A desk audit review verified notification to the local LEA prior to any findings being issued. FIT identified the correction of noncompliance during FFY 2019 via FIT-KIDS monitoring and/or desk review monitoring. Through these processes, the FIT Program verified that the local LEA did receive notification for all 13 children, although late. Agencies can correct non-compliance without a finding being issued if the correction occurs during the 90 days following the APR data period (July-March).

## 8B - OSEP Response

## 8B - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 8C: Early Childhood Transition

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

**Instructions**

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State’s monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to “opt-out” of the referral. Under the State’s opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State’s Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 83.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 96.75% | 96.99% | 96.17% | 96.15% | 93.83% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

**Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services. (yes/no)**

YES

| **Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,549 | 2,272 | 93.83% | 100% | 93.44% | Did not meet target | No Slippage |

**Number of toddlers for whom the parent did not provide approval for the transition conference**

**This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.**

0

**Number of documented delays attributable to exceptional family circumstances**

**This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.**

574

**Provide reasons for delay, if applicable.**

Twenty one New Mexico children experienced a delay in in the scheduling of their transition conference due to the COVID-19 pandemic. Agency reasons accounted for 128 of the delay reasons recorded. The primary area of delay that agencies noted was "agency other," which was used 61 times with one agency accounting for 34 of the 61. The agency noted the pandemic impacted their staff in the area of breakdown with processes and communication between team members. In addition, two agencies reported difficulties with staff scheduling accounted for delays in transition conferences for 29 children. Delays which were not attributed to exceptional family circumstances and not already noted were due to Staff Shortage (10) and Staff Schedule (43).

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

July 1, 2020 through March 31, 2021 (9 months)

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

Because the number of children turning three in the FIT Program fluctuates insignificantly throughout the year, this nine- month period of reporting reflects the data for infants and toddlers with IFSPs for the full reporting period.

**Provide additional information about this indicator (optional).**

New Mexico FIT identified 574 toddlers with disabilities exiting Part C who had documented delays attributable to exceptional family circumstances, bringing a total of 2,123 toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B. New Mexico Part C identified 2,272 toddlers with disabilities exiting Part C who were potentially eligible for Part B minus children whose parents/guardians did not provide approval for the transition conference (0).

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 6 | 6 | 0 | 0 |

**FFY 2019 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.***

The FIT Program has a two-pronged verification process to ensure that the local early intervention provider agency with a previous finding of noncompliance is: (1) is correctly implementing the compliance indicator (i.e., achieved 100% compliance) based on a review of subsequently collected data; and (2) has delivered the service for each child, unless the child is no longer within the jurisdiction of the FIT program. Related to the noncompliance found with Indicator 8C, the FIT program verified that each agency is correctly implementing transition conferences at least 90 days and, at the discretion of all parties, not more than nine months prior to the toddler’s third birthday. When non-compliance was found, subsequent data through FIT-KIDS was monitored until the agency demonstrated 100% compliance for a specified period of time. The agency also submitted narrative reports accounting for each specific instance of non-compliance and providing steps to ensure that the reasons for non-compliance are being addressed to prevent future recurrences. For all individual instances of noncompliance found, the FIT Program verified that each child did receive the required transition conference unless the child is no longer within the jurisdiction of the FIT Program. FIT identified the correction of noncompliance during FFY 2019 via FIT-KIDS monitoring and/or desk review monitoring. Through these processes, the FIT Program verified that each of the children who were still in the jurisdiction of the EIS program had received transition conferences, although late. Agencies have an opportunity to correct non-compliance without a finding being issued if the correction occurs during the 90 days following the APR data period (July-March).

**Describe how the State verified that each *individual case* of noncompliance was corrected.**

New Mexico identified 160 instances of non-compliance in FFY2019. Through the two-pronged verification process via FIT-KIDS data monitoring and desk audits, the FIT program verified that the non-compliant agencies are correctly implementing transition steps and services for at least 90 days and, at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday (i.e., achieved 100% compliance). Verification occurred for all 154 children identified as non-compliant during the “pre-finding” time frame, which occurs in the 90 days following the APR data time period identified as July-March of each year. Six findings were issued to agencies when they did not provide a transition plan to children as required and did not demonstrate- 100% compliance for at least one month. For all individual instances of noncompliance found, the FIT Program verified that each child did receive a transition plan although it was late.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

The FIT Program has a two-pronged verification process to ensure that the local early intervention provider agency with a previous finding of noncompliance is: (1) is correctly implementing the compliance indicator (i.e., achieved 100% compliance) based on a review of subsequently collected data; and (2) has delivered the service for each child, unless the child is no longer within the jurisdiction of the FIT program. Related to the noncompliance found with Indicator 8C, the FIT program verified that each agency is correctly implementing transition conferences at least 90 days and, at the discretion of all parties, not more than nine months prior to the toddler’s third birthday. When non-compliance was found, subsequent data through FIT-KIDS was monitored until the agency demonstrated 100% compliance for a specified period of time. The agency also submitted narrative reports accounting for each specific instance of non-compliance and providing steps to ensure that the reasons for non-compliance are being addressed to prevent future recurrences. For all individual instances of noncompliance found, the FIT Program verified that each child did receive the required transition conference unless the child is no longer within the jurisdiction of the FIT Program. FIT identified the correction of noncompliance during FFY 2019 via FIT-KIDS monitoring and/or desk review monitoring. Through these processes, the FIT Program verified that each of the children who were still in the jurisdiction of the EIS program had received transition conferences, although late. Agencies have an opportunity to correct non-compliance without a finding being issued if the correction occurs during the 90 days following the APR data period (July-March).   
  
As discussed, New Mexico identified 160 instances of non-compliance in FFY2019. Through the two-pronged verification process via FIT-KIDS data monitoring and desk audits, the FIT program verified that the non-compliant agencies are correctly implementing transition steps and services for at least 90 days and, at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday (i.e., achieved 100% compliance). Verification occurred for all 154 children identified as non-compliant during the “pre-finding” time frame, which occurs in the 90 days following the APR data time period identified as July-March of each year. Seven findings were issued to agencies when they did not provide a transition plan to children as required and did not demonstrate- 100% compliance for at least one month. For all individual instances of noncompliance found, the FIT Program verified that each child did receive a transition plan although it was late.

## 8C - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## 8C - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 9: Resolution Sessions

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

**Results indicator:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (E*MAPS*)).

**Measurement**

Percent = (3.1(a) divided by 3.1) times 100.

**Instructions**

Sampling from the State’s 618 data is not allowed.

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State’s 618 data, explain.

States are not required to report data at the EIS program level.

## 9 - Indicator Data

**Not Applicable**

**Select yes if this indicator is not applicable.**

YES

**Provide an explanation of why it is not applicable below.**

New Mexico has not adopted Part B dispute resolution process and procedures for the Part C program and therefore this indicator is not applicable under section 639 of the IDEA.

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

OSEP notes that this indicator is not applicable.

## 9 - Required Actions

# Indicator 10: Mediation

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

**Results indicator:** Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (E*MAPS*)).

**Measurement**

Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

**Instructions**

Sampling from the State’s 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State’s 618 data, explain.

States are not required to report data at the EIS program level.

## 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

**Select yes if the data reported in this indicator are not the same as the State’s data reported under section 618 of the IDEA.**

NO

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1 Mediations held | 0 |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

Using broad stakeholder input, including the New Mexico Interagency Coordinating Council (ICC), the FIT Program developed annual targets for each of the State Performance Plan indicators. The ICC was instrumental in this process by setting targets and analyzing issues related to the State Systemic Improvement Plan. Stakeholders reviewed and analyzed previous years’ data, considered impacts of current and future initiatives, improvement activities, other events, and made recommendations to the ICC and to FIT program leadership. The New Mexico FIT Program presents APR data to the ICC and the group discusses the results at the January quarterly meeting. The ICC reviewed APR data at their annual retreat and developed targets for all the indicators. The ICC receives ongoing updates regarding the SSIP and related activities. The ICC provides ongoing input to the FIT Program via quarterly meetings and various subcommittees. Stakeholder involvement for NM SSIP (Indicator 11) began in 2013. The FIT Program, in collaboration with key stakeholders, developed an initial Theory of Action to support the State Systemic Improvement Plan (SSIP). The Theory of Action related IFSP quality to Early Childhood Outcomes (ECO) and the development of an IFSP Quality Rating Scale (IFSP-QRS) that was validated by the University of New Mexico. Stakeholders have been involved in the implementation of the SSIP, including informal and formal input in the decision-making process, implementation, and evaluation. Stakeholder input has come from agencies involved in the IFSP-QRS process and parents receiving early intervention services.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= |  |  |  |  |  |
| Data |  |  |  |  |  |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= |  |  |  |  |  |  |

**FFY 2020 SPP/APR Data**

| **2.1.a.i Mediation agreements related to due process complaints** | **2.1.b.i Mediation agreements not related to due process complaints** | **2.1 Number of mediations held** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 | 0 |  |  |  | N/A | N/A |

**Provide additional information about this indicator (optional)**

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2020. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

## 10 - Required Actions

# Indicator 11: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

The State’s SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

**Measurement**

The State’s SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

**Instructions**

***Baseline Data:*** The State must provide baseline data that must be expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

***Targets:*** In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State’s FFY 2025 target must demonstrate improvement over the State’s baseline data.

***Updated Data:*** In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State’s targets under Indicator 11. The SSIP should include information about stakeholder involvement in all three phases.

*Phase I: Analysis*:

- Data Analysis;

- Analysis of State Infrastructure to Support Improvement and Build Capacity;

- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

*Phase II: Plan* (which is in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;

- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and

- Evaluation.

*Phase III: Implementation and Evaluation* (which is in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

**Specific Content of Each Phase of the SSIP**

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

***Phase III: Implementation and Evaluation***

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State’s last SSIP submission (i.e., April 1, 2021). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

## 11 - Indicator Data

**Section A: Data Analysis**

**What is the State-identified Measurable Result (SiMR)?**

The FIT Program State-identified Measurable Result (SiMR) is to increase the number of children who make significant progress in their development in three functional developmental areas.   
• ECO Outcome 3A Positive social emotional skills (including positive social relationships)   
• ECO Outcome 3B Acquisition and use of knowledge and skills (including early language/communication and early literacy)   
• ECO Outcome 3C. Use of appropriate behaviors to meet their needs

**Has the SiMR changed since the last SSIP submission? (yes/no)**

NO

**Is the State using a subset of the population from the indicator (*e.g.*, a sample, cohort model)? (yes/no)**

YES

**Provide a description of the subset of the population from the indicator.**

The FIT Program provides early intervention services for children who are developmentally delayed and children who are at-risk of a developmental delay. We are using the subset of data for children who have a 25 percent or greater developmental delay and not using the data for children who are “At-Risk” of delay.

**Is the State’s theory of action new or revised since the previous submission? (yes/no)**

NO

**Please provide a link to the current theory of action.**

https://www.nmececd.org/wp-content/uploads/2022/01/FIT-SSIP\_Jan-2022.pdf

Progress toward the SiMR

**Please provide the data for the specific FFY listed below (expressed as actual number and percentages)*.***

**Select yes if the State uses two targets for measurement. (yes/no)**

YES

**Historical Data**

| **Part** | **Baseline Year** | **Baseline Data** |
| --- | --- | --- |
| A | 2013 | 68.50% |
| B | 2013 | 71.02% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A >= | 69.00% | 70.50% | 71.00% | 71.00% | 71.00% | 71.00% |
| Target B >= | 73.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% |

**FFY 2020 SPP/APR Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Part** | Numerator | Denominator | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| A | 1,871 | 2,552 | 75.95% | 69.00% | 73.32% | Met target | No Slippage |
| B | 2,082 | 2,717 | 79.34% | 73.00% | 76.63% | Met target | No Slippage |

**Provide the data source for the FFY 2020 data.**

Data for the ECO scores were entered into our FIT-KIDS database. Previously, pilot provider sites were asked to upload and track their IFSP-QRS data in a separate database. This request to upload and enter additional data into a separate database was burdensome for providers and did not result in usable data for programs. This practice was stopped in FFY2019 and the FIT program pulls the ECO data from the FIT-Kids database for all early intervention providers in New Mexico.   
  
The State did not provide the numerator and denominator descriptions in the FFY 2020 SPP/APR Data table. The State must provide the description of the numerator and denominator used to calculate its FFY 2020 data.  
  
  
FFY 2020 SPP/APR Data  
  
Measurement   
Outcomes:  
A. Positive social-emotional skills (including social relationships)  
B. Acquisition and use of knowledge and skills (including language/communication  
C. Use of appropriate behaviors to meet their needs  
  
Summary Statement 1: Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.  
  
Numerator:Number of infants and toddlers who reported progress  
Denominator:Infants and Toddlers with an IFSP who received early intervention services for at least six months before exiting the Part C program.   
   
New Mexico captures data for all three ECO areas for summary statement 1. The chart above does not capture our data for indicator 3C.   
2013 Baseline Data; 3C 73.03 FFY 2019 Data 78.46 FFY 20 Data 78.46 C Numerator 2215 Denominator 2717   
Target Data Outcome C  
FFY2020 72.60%  
FFY2020 72.60%  
FFY2021 73.00%  
FFY2022 73.00%  
FFY2023 73.00%  
FFY2024 73.00%  
FFY2025 73.00%   
  
  
Please describe how data are collected and analyzed for the SiMR.   
  
Data is captured at two intervals - at the initial Comprehensive Multidisciplinary Evaluation (CME) and at the exit from early intervention services. Early Intervention providers have 30 days to complete the initial ECO and complete the exit ECO when the child exits from the FIT program. State Annual Performance Report (APR) Indicator 3 ECO data is reviewed to determine ECO scores and comparisons to the standards set by the New Mexico Interagency Coordinating Council (NM ICC), as well as national standards. Data is collected via FIT-Kids data base and analyzed utilizing the Child Outcome Summary (COS) calculator and the meaningful difference calculator provided by the Early Childhood Technical Assistance (ECTA) center.

**Please describe how data are collected and analyzed for the SiMR**.

Data is captured at two intervals - at the initial Comprehensive Multidisciplinary Evaluation (CME) and at exit from early intervention services. Early Intervention providers have 30 days to complete the initial ECO and complete the exit ECO when the child exits from the FIT program. State Annual Performance Report (APR) Indicator 3 ECO data is reviewed to determine ECO scores and comparisons to the standards set by the New Mexico Interagency Coordinating Council (NM ICC), as well as national standards. Data is collected via FIT-Kids data base and analyzed utilizing the Child Outcome Summary (COS) calculator and the meaningful difference calculator provided by the Early Childhood Technical Assistance (ECTA) center.

**Optional: Has the State collected additional data *(i.e., benchmark, CQI, survey)* that demonstrates progress toward the SiMR? (yes/no)**

NO

**Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)**

YES

**Describe any data quality issues, unrelated to COVID-19**, **specific to the SiMR data and include actions taken to address data quality concerns.**

For the data review of ECO scores, data from the current Fiscal Year was used. It was noted that there was minor change in the scores for the three review outcomes. In general, ECO ratings have decreased when compared to the sample collected in the Year 3 Phase 1 SSIP. We hypothesize that the decrease can be attributed to an increase in accuracy of scoring the ECO. Because the IFSP team has 30 days, as per the change in FY17 to the New Mexico Standards and Definitions, the IFSP team now has more time to work with the child and family before ECO scores are assessed.

**Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)**

YES

**If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State’s ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.**

For the data review of ECO scores, data from the current Fiscal Year was used. It was noted that there was downward change in the scores for the three reviewed outcomes. In general, ECO ratings have decreased when compared to the sample collected in the Year 3 Phase 1 SSIP. Prior to COVID-19 we hypothesized that the decrease seen in the ECO scores was attributed to an increase in accuracy of scoring the ECO. A change in New Mexico’s Standards and Definitions in FY17, allowed teams to have more time to complete the initial ECO This change of allowing up to 30 days post initial IFSP allows the team more time to work with the child and family before ECO scores are assessed. The FIT program has an awareness that the high turnover rate particularly within the Family Service Coordinator position is impacting data quality as new Family Service Coordinators are not fully trained in the COS process. A recent survey indicated the turnover rate for the Family Service Coordination position was approximately 42 percent from 01/01/2021-01/01/2022. The turnover rate and need to provide consistent, accessible training have led to the creation of a web-based training for all early interventionists. The new training was released in July 2021 and is required for all current early interventionist to complete by June 2022. The FIT program is focused on having the entire field of early intervention trained within the next year which we believe will result in higher data quality as it will lead to consistent scoring of the child outcome summary assessment.

Section B: Implementation, Analysis and Evaluation

**Is the State’s evaluation plan new or revised since the previous submission? (yes/no)**

YES

**If yes, please provide the following information: a description of the changes and updates to the evaluation plan; a rationale or justification for the changes; and, a link to the State’s current evaluation plan****.**

Evaluation Plan Link: https://drive.google.com/file/d/1b4L-GJwK5bAKkQACdJFRwcYrlMdR8FEb/view?usp=sharinmusmg   
  
  
The decision for a change to the current evaluation plan has not been finalized as multiple ICC subcommittees and focus groups will be occurring throughout the year. The FIT program will be adding a data manager and a quality assurance coordinator to lead the SSIP into its next phase. The current evaluation plan has changed as there is no collection of IFSP-QRS data into a separate data base. We are continuing to use our ECO data and the tools provided by the ECTA center to evaluation the data. This analysis is then utilized to support providers in their COS development and in reviewing their IFSPs. is to continue reviewing the ECO data via our FIT Kids data base and following the evaluation plan submitted previously. At this time the evaluation plan is being revised and is currently under development due to the recognition the current evaluation plan is no longer valid. Although the new evaluation plan is under development, and we continue to work toward the SiMR. The FIT program, in consultation with the ICC and other stakeholders is in the process of identifying if the evaluation plan will be developed internally or contracted out.

**Provide a summary of each infrastructure improvement strategy implemented in the reporting period.**

New Mexico utilized a virtual training platform to focus on evidence-based coaching for early intervention practices (Family Guided Routines Base Intervention, including the SSOOPPRR, Setting the Stage-Observation and Opportunity to practice-Problem solving and Planning-Reflection and Review.)  
  
FIT provider agencies review IFSP quality utilizing the IFSP Quality Rating Scale and provide Family Service Coordinators feedback that effectively supports the development of high quality IFSP’s that include functional and routines-based outcomes and strategies; that reflect families’ priorities; supports family’s capacity and which utilize a transdisciplinary team approach.   
  
It should be noted, IFSPs were completed for children to the best of everyone’s ability given the virtual information received. Early interventionists were encouraged to support families in developing outcomes and strategies that supported COVID-safe practices and incorporated new schedules and routines as they emerged for families due to the public health emergency.   
  
A redesign of the ECO training occurred and was launched in July 2021 for all early interventionists. The ECO training is now a mandated training for all early interventionists.

**Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.**

The ECO training redesign supports the FIT programs efforts to maintain a sustainable ongoing professional development system The training is web based and includes supporting materials for early interventionists to utilize as they determine COS scoring for children The training is also mandated for all early interventionists currently in the field to complete by June 2022 This training will support data quality and will support the professional development of early interventionists. Stakeholders will review ECO scoring data and the ICC Quality Committee will be reviewing input from early interventionists regarding their experience with the course during the upcoming year. Achievement of the SiMR will be determined after data is reviewed from ECO scoring and the review of the web-based ECO course has occurred. The FIT program launched the training effort statewide to support the learning of all practitioners in all regions.

**Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)**

NO

**Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.**

The next steps for the FIT program’s infrastructure improvement strategy will be to implement a survey to be completed by all early interventionists receiving the newly revised ECO web-based training. The ICC Quality committee has incorporated this step into their strategic plan. Because the training is mandatory for all early intervention practitioners, the feedback will guide improvement strategies. The FIT program anticipates the ECO scores data to stabilize and the downward trend to be less as the field is trained with consistent information. Data from the practitioner ECO survey and the ECO data itself will be reviewed for practice, process and system implementation implications.

**List the selected evidence-based practices implemented in the reporting period:**

Use of an Implementation Framework, leadership teams, and use of Plan/Do/Study/Act cycles as principles from Implementation Science to support sustained learning.   
   
The Division of Early Childhood (DEC) Recommended Practices, Routines-Based Interviewing techniques, the concept of embedding strategies into daily routines and caregiver coaching were used to develop IFSPs; and,   
the alignment of the foundational principles of routines-based intervention, coaching, adult learning principles, and the DEC Recommended Practices guide the state’s professional implementation plan.

**Provide a summary of each evidence-based practice.**

New Mexico utilized a virtual training platform to focus on evidence-based coaching for early intervention practices (Family Guided Routines Base Intervention, including the SSOOPPRR)   
   
Coaching allows the early interventionists to join in the caregiver-child interactions rather than expecting the parent to sit back and observe or to join the early interventionists and the child. Coaching in early intervention is an opportunity for a collaborative as opposed to an expert process.

**Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.**

Due to the COVID-19 health emergency, early interventionists and the agencies’ professional development leadership teams focused on supporting families in navigating through the change from in-person services to telehealth services, while continuing to offer evidence based early intervention services. Conversations centered around completing IFSPs and implementation of early intervention services while going through a public health emergency.   
   
Early interventionists were supported by the FIT program to continue coaching, practicing family guided routines-based interventions including the SSOOPPRR.

**Describe the data collected to monitor fidelity of implementation and to assess practice change.**

The FIT program discontinued the use of the IFSP-QRS data base as it did not provide the desired outcome to monitor fidelity or assess practice change. Due to COVID-19 and the impact of practice change to telehealth for the majority of the year, the FIT program was not able to monitor fidelity of implementation as it had in the past. Early interventionists utilized coaching with their families via telehealth and participated in communities of practice to share successes, ideas for implementation, and to offer support on challenges.   
   
The FIT-Program continues to review IFSPs and supports providers by offering Communities of Practice (CoP) for coaching, leadership teams, and in early intervention practices during a pandemic. In addition, the FIT Program completed a review of NM’s Early Childhood Outcomes (ECO) training. As a result, the FIT program worked with our TA partners and ECLN in a redesign of the ECO training. The FIT Program placed an emphasis for all early intervention personnel to complete a redesigned web-based ECO training with the focus of utilizing the knowledge gained via FGRBI, ongoing observation, and the use of the decision tree when scoring. As of July 1, 2021, the ECO training is mandatory for all early interventionists.

**Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.**

No additional data collected

**Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.**

Continue providing specific technical assistance on coaching for Lead FSCs on how to coach and support new FCSs for IFSP development.   
   
Anticipated Outcome: Early intervention FSCs will be more confident in their ability to coach parents and on development of IFSPs that include outcomes that are reflective of the coaching method utilized within early intervention.   
   
Continue implementation of NM’s Professional development plan that includes leadership teams and plans for ongoing support and implementation of quality practices statewide.   
   
Anticipated Outcome: Providers will build professional development infrastructure to support personnel in early intervention evidence- based practices.   
   
ECO results will be provided to SSIP sites and training will occur on how to understand ECO results.  
  
Anticipated Outcome: Providers will have a better understanding of the ECO data and revise internal onboarding and ongoing training as needed to correct identified areas of concern.

**Describe any changes to the activities, strategies, or timelines described in the previous submission and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.**

Although the FIT Program made changes to support quality within programs and strengthen sustainability of high- quality practices, there were numerous challenges, barriers identified, and adjustments needed to move forward successfully. The main challenge facing the FIT Program has been the ability to capture quantitative data as it relates to the IFSP. This area will be for consideration for the stakeholder groups to determine how to gather the necessary data from providers to support the SSIP. It is anticipated there will be modifications made to the SSIP, however, stakeholders would like more time to gather information and review data that is now being seen which reflects early intervention during the time of a pandemic.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

Using broad stakeholder input, including the New Mexico Interagency Coordinating Council (ICC), the FIT Program developed annual targets for each of the State Performance Plan indicators. The ICC was instrumental in this process by setting targets and analyzing issues related to the State Systemic Improvement Plan. Stakeholders reviewed and analyzed previous years’ data, considered impacts of current and future initiatives, improvement activities, other events, and made recommendations to the ICC and to FIT program leadership. The New Mexico FIT Program presents APR data to the ICC and the group discusses the results at the January quarterly meeting. The ICC reviewed APR data at their annual retreat and developed targets for all the indicators. The ICC receives ongoing updates regarding the SSIP and related activities. The ICC provides ongoing input to the FIT Program via quarterly meetings and various subcommittees. Stakeholder involvement for NM SSIP (Indicator 11) began in 2013. The FIT Program, in collaboration with key stakeholders, developed an initial Theory of Action to support the State Systemic Improvement Plan (SSIP). The Theory of Action related IFSP quality to Early Childhood Outcomes (ECO) and the development of an IFSP Quality Rating Scale (IFSP-QRS) that was validated by the University of New Mexico. Stakeholders have been involved in the implementation of the SSIP, including informal and formal input in the decision-making process, implementation, and evaluation. Stakeholder input has come from agencies involved in the IFSP-QRS process and parents receiving early intervention services.

**Describe the specific strategies implemented to engage stakeholders in key improvement efforts.**

This year we have utilized planned meetings with the ICC to engage stakeholders to advise and assist on the SSIP. We have had opportunities throughout the year both planned and unplanned to discuss with practitioners their thoughts on coaching and on FGRBI practices

**Were there any concerns expressed by stakeholders during engagement activities? (yes/no)**

YES

**Describe how the State addressed the concerns expressed by stakeholders.**

Stakeholders have expressed their concerns regarding the SSIP process. As new members have entered the stakeholder group, questions have been asked regarding the past IFSP-QRS process and how this impacted the ECO outcome data. The limited ability to bring the IFSP-QRS system to scale statewide and the lack of feasibility for providers to enter data into another data base has raised the questions what types of data will be most useful to us as a statewide early intervention system including how to best evaluate the validity of our ECO scores and whether our ECO scores could be used to help us evaluate the quality of IFSPs. Members have expressed their concerns regarding the activities that have occurred in previous years and if the activities conducted in previous year are useful now to support the SiMR. More involvement by stakeholders is requested and will be honored by the FIT program. The difficulties with scheduling due to pandemic and the vacancy of the FIT data manager and FIT Quality Coordinator have impacted the programs capacity to hold the focus groups to reevaluate the current SiMR and evaluation process.

**Additional Implementation Activities**

**List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.**

The state will continue providing the new ECO training available via webinar. Programs have one year for all early intervention providers to complete the training There have been technical concerns with the webinar that are being addressed by the host, UNM-Early Learning Network.

**Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.**

At the request of the ICC and upon reviewing our ECO data, we will began analyzing data on a more frequent basis. We are unsure of the implications of the pandemic on the number of children to review who are in our program over six months as we have seen an increase in children remaining less than six months due to family needs. This ECO data will be reviewed at the program level and the meaningful difference calculator used for programs to see where their data may show a meaningful difference from the state level data.

**Describe any newly identified barriers and include steps to address these barriers.**

The FIT program currently is understaffed. The Quality Assurance Coordinator and Data Manager exited the FIT program at the beginning of June. This decreased the capacity within in the FIT program to offer support to providers on the issues that were more complex and systemic.   
   
COVID-19 continues to be a barrier. The public health crisis has and will continue to impact data as the IFSP development has proven challenging at times due to the inability to build rapport with new families and elicit rich conversation regarding the child’s everyday routines. We are seeing many routines altered due to COVID-19. Children are often not attending child care, older children are at home due to school closure, parents are teleworking, etc. Families are requesting less intervention (frequency and length) and telehealth is not available to all families due to limited internet connectivity within the state. This same limit in connectivity also has an impact on our early intervention practitioners as they too live in areas with unstable or no internet service. Stakeholders (parents, community partners, ICC,) are focused on meeting basic needs.

**Provide additional information about this indicator (optional).**

The FIT Program has access to a broad array of supports and technical assistance in the ECECD including professional development, consultation and technical assistance supports. New Mexico anticipates accessing these valuable resources in the coming year for support on data analysis and evaluation and continued SSIP implementation activities. ECTA (EBP) resources and the OSEP calls also provide helpful guidance and support for the SSIP and federal guidelines for Part C system implementation.

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts the targets for Targets A and B, but OSEP cannot accept the targets for Target C because the State’s Target C end target for FFY 2025 does not reflect improvement over the State’s FFY 2013 baseline data.   
  
OSEP notes that the State provided the descriptions of the numerator and denominator in the narrative, however did not provide the descriptions in the FFY 2020 data table.

## 11 - Required Actions

The State must provide the required targets for Target C for FFY 2020 through FFY 2025 in the FFY 2021 SPP/APR.  
  
The State must provide the required numerator and denominator descriptions within the data table in the FFY 2021 SPP/APR.

# Certification

**Instructions**

**Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.**

**Certify**

**I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.**

**Select the certifier’s role**

Lead Agency Director

**Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.**

**Name:**

Kathey Phoenix-Doyle

**Title:**

New Mexico FIT Program Bureau Chief

**Email:**

Kathey.PhoenixDoyle@state.nm.us

**Phone:**

505-604-7285

**Submitted on:**

04/26/22 4:48:06 PM

# ED Attachments

  